



Linda McCulloch, Superintendent
Office of Public Instruction
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Advanced Placement Incentive Grant End-of-Year Report 2005-2006

District Name:

Project Number:

____ 40 06
CO# Legal Entity OPI # Year

Evaluation Submitted by:

E-Mail Address:

Phone Number:

I. STAFF TRAINING

Number of Staff Trained	Position of Each Staff	Title, Type and Length of Training	Training Location

II. NUMBER OF STUDENTS ENROLLED IN ONLINE AP AND PRE-AP COURSES:

Name of Course (AP or Pre-AP)	Number Fall Sem.	Number Spring Sem.	Number Summer Sem.	Number Enrolled	Number Completed

Please use additional sheets if necessary

III. OTHER ACTIVITIES: Describe any other expenditures or activities funded by this grant:

IV. RESULTS: Briefly describe how the 2005-2006 AP grant expanded or enhanced AP in your district:

Signature of Authorized Representative:

Date: